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Summary of Case Histories																								
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Date	es of Outbreak:													Sig	ns a	ınd S	Sym	ptor	ns		Se	everi	ity	
							Time of Eating		Time of Initial Symptom						l Cramps							Seen	re le	
ID No	Name	Address	Phone	Sex	Age	III	Date	Time	Date	Time	Incu- bation Period	Nausea	Vomiting	Diarrhea	Abdominal Cramps	Fever				9	Duration	Physician Seen Hospitalized	Stool culture	
			Home Work																					
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Agency: Summary of Case Histories: Continuation sheet Signs and Symptoms Severity Complaint Number: Abdominal Cramps Time of Physician Seen Hospitalized Time of Initial Eating Symptom Vomiting Diarrhea Incu-bation Fever Date Date ID Period Age No Name Address Phone Sex Н W Н W Н W Н W Н W Н W Н W Н W Н W Н W Н W Н W

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